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MN023701. Naval Medical Education and Training Command Established
MN023702. SG's Leader Conference Focuses on Cultural Transformation
MN023703. Study Evaluates Pneumonia Vaccine in Healthy Adults
MN023704. Navy Medicine's Nutrition and Exercise Program Gets You Ship Shape
MN023705. "Release 3" of Medical Logistics Program Approved
MN023706. "Spirit of Change" Sent Home with Navy Medicine Leaders
MN023707. New TRICARE Benefit Kicked Off Sept. 1, 2002
MN023708. HealthWatch: Five-a-Day Can Keep You Healthy Year 'Round

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MN023701. Naval Medical Education and Training Command Established
BETHESDA, Md. - Naval Medical Education and Training Command officially arrived Aug. 27 during a ceremony held in conjunction with the Surgeon General's Senior Leader Conference held in Arlington, Va.

Rear Adm. Nancy Lescavage, Nurse Corps, takes the helm as the command's first Commander. She relieves Capt. David Wade, Medical Corps, who was the Commanding Officer of NMETC's precursor command, Naval School of Health Sciences Bethesda.

Wade will take over as the Fleet Surgeon at U.S. Naval Forces Europe.

According to Navy Surgeon General Vice Adm. Michael L. Cowan, Medical Corps, one of the reasons NMETC was established is to align with the Chief of Naval Operations' transformation through Task Force EXCEL.

"This will make education a core piece of what we do and integrate it into helping us develop our processes," said Cowan. "It will make (health and medical) education a visible part of the entire structure."

Lescavage will continue to have the additional duty as the director of the Nurse Corps.

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MN023702. SG's Leader Conference Focuses on Cultural Transformation

WASHINGTON, DC - The Surgeon General's Senior Leader Conference held last week allowed Navy Medicine's top leaders to focus on one of the SG's primary goals - cultural transformation.

"We've made a commitment to the cultural transformation needed within Navy Medicine to get to the point where customers are partners in their healthcare," said Navy Surgeon General Vice Adm. Michael L. Cowan, Medical Corps.

Activities included opportunities to share key information, encourage discussion and foster collaboration that develops quality customer service. A highlight of the three day event was a full day of interactive exercises and discussions, facilitated by the Disney Institute's Mark Jones, designed to stimulate thought on staff and customer satisfaction and development of long term goals.

Another highlight was an evening poster session that illustrated command's and individual's successes in optimization, customer service and DoD/Veterans Administration sharing.

More than 250 Navy Medicine leaders from throughout the world attended.

The conference is held annually, usually in the Washington, DC area.

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MN023703. Study Evaluates Pneumonia Vaccine in Healthy Adults

By Doris Ryan, Bureau of Medicine and Surgery

Since October 2000, more than 100,000 healthy Sailors, soldiers and Marines have volunteered in the largest vaccine trial in military history to see if the current pneumonia vaccine can reduce the disease among military members.

"From previous research, we know that pneumonia outbreaks occur and we know that this pathogen circulates in recruit populations," said Naval Health Research Center's Cmdr. Kevin Russell, Medical Corps, who is the principal investigator of the study. "We also know that a lot of other pathogens are circulating and can cause illness. This study will tell us if giving another vaccine to recruits will have a positive impact or not."

The vaccine, which protects against many strains of *Streptococcus pneumoniae* (pneumococcus), is FDA-approved and has been commonly recommended for the elderly, the chronically ill and newborns, especially since some strains are becoming anti-biotic-resistant. The vaccine's value in protecting healthy young adults, however, is unproven.

Nearly 192,000 military members will be enrolled in the study before it is completed in late 2003. Volunteers receive an injection of either the vaccine or a placebo, and are followed for up to 24 months to assess their respiratory health.

"This study will help answer an important question for both military and civilian communities," said Russell.

Military trainee volunteers from Fort Jackson, NC; Parris Island, SC; Great Lakes, Ill.; and Fort Leonard Wood, Mo; are participating. The Centers for Disease Control and Prevention, the Mayo Clinic and Foundation, the University of Iowa, and Wyeth Pharmaceuticals collaborated with DoD and Navy researchers on the trials.

Data show that military trainees are at increased risk of all respiratory diseases, including pneumonia. Outbreaks of pneumococcal disease have occurred at Camp Pendleton, Calif., and Fort Benning, Ga.

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MN023704. Navy Medicine's Nutrition and Exercise Program Gets You Ship Shape
By Brian Badura, Bureau of Medicine and Surgery

PORTSMOUTH, Va. - You go to the gym, run, sweat, get on the elliptical trainer, get your heart rate up, and yet you still have trouble shedding those extra pounds. If you need help reaching your weight goal, the Ship Shape program may be just the ticket.

The Navy Environmental Health's Center's Ship Shape program is designed to increase the number of active duty Sailors and Marines who are living a healthy lifestyle and maintaining a healthy body composition.

According to Lynn Kistler, Ship Shape's program manager, the nutrition and fitness program grew out of the old two-week inpatient weight management program.

"Ship Shape offers more flexibility and opportunity for service members to participate versus the old inpatient program," she said.

Weight management information is provided for participants over the course of ten weekly sessions, with each being moderated by a program facilitator or subject matter expert.

"Sometime next year, the program will change to eight weeks instead of ten, but we'll actually incorporate many of the same topics, while adding material on strength training," said Kistler.

A variety of subjects are covered, starting with the basics of setting

realistic goals, and proper nutrition and exercise.

As the program progresses, additional information on weight management, such as stress, emotional eating and behavior modification, is also discussed. Each consecutive session builds on the information presented in previous meetings, with the last one focusing on long-term success.

Attendance is open to all personnel, especially those who exceed, or are in danger of exceeding, the Navy's body composition assessment standards. Class sizes are based on demand, but groups of 15 to 20 students are ideal, according to Kistler.

Personnel interested in participating in Ship Shape should obtain a recommendation and referral through their chain of command. The program is not mandatory, but their command fitness leader may refer some individuals.

Ship Shape is approved by the Bureau of Medicine and Surgery and is offered through the Health Promotions department at many Navy military treatment facilities. It is listed as a recognized fitness enhancement and weight management program in OPNAVINST 6110.1F, which covers the physical readiness program.

To find out if your command offers Ship Shape, contact the Health Promotions coordinator or visit the Ship Shape website at www-nehc.med.navy.mil/HP/Shipshape/index.htm for contact information.

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MN023705. "Release 3" of Medical Logistics Program Approved

WASHINGTON, DC - The worldwide deployment of the Defense Medical Logistics Standard Support (DMLSS) Program Release 3 is being released immediately at Air Force and Navy military medical facilities; approval to deploy to Army facilities is expected later this fall.

Release 3 increases the capabilities of the military medical logistics program. This new release features capabilities in equipment and technology management and stockroom inventory that allow the military services to use just one system for their medical logistics needs. In addition, pharmaceutical and medical/surgical products information now captured by DMLSS will assist in developing improved contracts with suppliers that provide for pricing discounts.

Additionally, this approval delegates decision authority for DMLSS to Dr. William Winkenwerder, assistant secretary of defense for health affairs.

"DMLSS' success reflects excellence in product as well as in program management," said Winkenwerder. "It stands as a model for other defense electronic systems designed and implemented to support our troops."

The DMLSS program estimates that over the next ten years, it will return \$5.98 in benefits for every \$1 of costs incurred in developing and maintaining the system.

DMLSS was developed in three major releases, each containing capability critical to providing effective medical logistic support to DoD hospitals and clinics worldwide. DMLSS capabilities include: complete inventory management supported by electronic commerce, Web-based technology and hand-held wireless devices, product and price comparison tools, medical equipment and technology management and facility management.

After the Gulf War, the military medical logistics community set out to reengineer its antiquated medical logistics business processes. This led to the development of DMLSS, a single major medical logistics system to be used by all services.

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MN023706. "Spirit of Change" Sent Home With Navy Medicine Leaders

WASHINGTON, DC - When Navy Medicine leaders returned home from the Surgeon General's Senior Leader Conference held in suburban Washington, DC,

last week, with them they carried a "Spirit of Change."

"Spirit of Change" is a videotape designed to introduce junior and new Navy Medicine staff, and remind senior members about the significance of optimization in Navy Medicine. It highlights success stories in the words of staff from several military treatment facilities.

Via the video's introduction, Navy Surgeon General Vice Adm. Michael L. Cowan, Medical Corps, encourages continued improvement of healthcare delivery at Navy military treatment facilities and urges participation in optimization efforts.

"Medical Operations Support at the Bureau of Medicine and Surgery sponsored and produced this video with the Naval School of Health Sciences," said Capt. Francesca Music, Medical Service Corps, director of MTF and beneficiary support services at BUMED. "It reveals innovations several facilities used to improve patient and staff satisfaction. Our hope is that everyone who has patient contact or supports patient care uses the video as a tool to stimulate their own innovative ideas."

In addition to being distributed at the conference, the video is being mailed to all Navy Medicine facilities. For additional copies, contact Bruce Morris at (202) 762-3773, DSN 762-3773, or cbmorris@us.med.navy.mil.

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MN023707. New TRICARE Benefit Kicked Off Sept. 1, 2002

FALLS CHURCH, Va. - A new cost-saving benefit, TRICARE Prime Remote for Active Duty Family Members (TPRADFM), began Sept. 1, 2002 for family members of active duty sponsors who reside in locations designated as TRICARE Prime Remote (TPR) within the 50 United States.

To be eligible for the new benefit, which is similar to TRICARE Prime, active duty family members (ADFs) must live with their sponsor. To be eligible for TPR, the sponsor must be assigned and reside at a location that is at least 50 miles or more in distance, or approximately a one-hour drive from the nearest military treatment facility. Active duty sponsors and family members also must be identified as eligible in the Defense Enrollment Eligibility Reporting System (DEERS).

"Previously, the only option available to ADFMs residing in remote locations was to seek care from providers under the TRICARE Standard benefit," said John Leininger, TRICARE Prime Remote project manager, TRICARE Management Activity (TMA). "Starting Sept. 1, this inequity is eliminated. Like all other TRICARE Prime enrollees, these family members now have access to a TRICARE Prime-like benefit which has no copayments, deductibles or claim forms to file, and providers who meet rigorous standards for providing quality health care."

Enrollment in TPRADFM is voluntary, but highly encouraged, especially for family members who live with their sponsors in areas far away from a military treatment facility. ADFMs who choose to enroll may receive health care from either a TRICARE network provider or, if a network provider is not available, from any TRICARE-authorized civilian provider. ADFMs who choose not to enroll may continue using the TRICARE Standard or Extra benefits, with applicable cost shares and deductibles.

To enroll, ADFMs must complete and submit a TPRADFM enrollment application to their TRICARE regional managed care support contractor (MCSC). TMA recently authorized an extended "pre-enrollment" period to allow family members whose applications were received Sept. 1 to 20 to enroll in TPRADFM effective Sept. 1. After Sept. 20, the regular Prime enrollment period will resume, with applications received between the first and the 20th of the month resulting in enrollment on the first day of the following month. Applications received after the 20th of the month will result in enrollment effective the first day of the second month after their

enrollment applications are received.

Telephone numbers for MCSCs and enrollment applications are available online at www.tricare.osd.mil/remote/benes/adf.html.

Family members who reside in locations where network providers are available must select a primary care manager (PCM) at the time of enrollment. If specialty care is required, the family member's PCM will contact the regional health care finder (HCF) to obtain the required pre-authorization. In locations where network providers are not available family members will not have an assigned PCM. They will, however, be required to use the services of authorized TRICARE providers (a licensed medical provider approved by TRICARE) for primary care, and the family member will need to contact the regional HCF to obtain pre-authorization for specialty care.

Shortly after enrolling in the TPRADFM program, family members will receive a welcome letter in the mail from their regional MCSC and a TPRADFM enrollment card. On the day of their scheduled medical appointment, the card along with their military identification card must be presented as verification of TPRADFM enrollment.

Family members who need assistance locating a TRICARE network or authorized provider may contact their regional health care finder or TRICARE Service Center toll-free, 24 hours a day, 7 days a week. A list of the regional toll-free numbers is available online at www.tricare.osd.mil/main/tollfree.htm <<http://www.tricare.osd.mil/main/tollfree.htm>>. A provider directory is also available online at www.tricare.osd.mil/provider_directory.html <http://www.tricare.osd.mil/provider_directory.html>.

The new benefit supports approximately 140,000 active duty family members residing with TPR-eligible sponsors in remote locations.

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MN023708. HealthWatch: Five-a-Day Can Keep You Healthy Year 'Round
By Brian Badura, Bureau of Medicine and Surgery

As young children, many of us heard mom say, "Eat your fruit and vegetables, they're good for you." Did mom have hard facts to back this up or was it just a ploy to get us to eat things we didn't like?

Truth be told, that recurring message from mom was right on track. Our bodies need fruits and vegetables every day to stay healthy. That's why the staff at Navy Environmental Health Center (NEHC) is promoting the Five-A-Day for Better Health.

The aim of the Five-A-Day program is to inform Americans that eating five servings of fruits and vegetables each day can improve their health and may reduce the risk of cancer.

It began back in 1991 as a combined effort between the National Cancer Institute and the Produce for Better Health Foundation.

"We encourage participation in the Five-A-Day program because Navy personnel need to make healthy choices in their diet," said Lori Tubbs, health promotion nutrition program manager at NEHC.

Many fruits and vegetables are now ready for harvest, making this the perfect time to get on board with the Five-A-Day plan.

Can something as simple as fruits and vegetables really make a difference? Consider these facts:

- People who eat five a day or more have half the risk of developing cancer as those who eat just two a day.
- Eating fruits and vegetables not only cuts the risk of cancer, but also heart disease, diabetes, stroke, obesity, and birth defects.
- Eating proper portions of fruits and vegetables can reduce the risk of cataracts five fold.

- Between 30 and 70 percent of all cancer deaths are diet related.

Five servings a day may seem like a lot, but it's not. Some examples of one serving include one medium fruit or one-half cup of cut up fruit, three-quarters of a cup of 100 percent fruit or vegetable juice, or one cup of raw leafy vegetables.

Many sailors struggle with their weight, and eating fruits and vegetables when visiting the galley can be a great way to help shed some excess pounds.

"We're going so far as to include fruits and vegetables in vending machines," said Tubbs. "More importantly, we need to educate and inform our people of the benefits of eating right."

If you're interested in finding out more details about the Five-A-Day program, stop by the Health Promotions office in your area. You can also check out the NEHC web site at www.nehc.med.navy.mil/hp/nutrit/index.htm.

Editors Note: The National Five-A-Day Week Campaign is Sept. 8-14.

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